Electronic Benefit Transfer (EBT) Project

Request for Proposal for EBT Services

Appendix K, Reports Specification

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OSI EBT RFP #XXXXX

<Month> 2015

California Health and Human Services Agency
Office of Systems Integration

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1   Introduction

The State of California (State) requires many reports as part of its Electronic Benefit Transfer (EBT) Program, and the EBT Contractor is expected to provide these reports throughout the life of the EBT Services Contract. To assist the EBT Contractor in understanding what information is to be provided in each report, this Reports Specification identifies each report required during the life of the Contract. It serves as the central repository for the process of creating and managing reports for the food and cash EBT programs, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

This Reports Specification is divided into six (6) sections:

1. Introduction: Describes this document.

2. General Reports Standards: Provides requirements for reports format and structure.

3. Shared Reports: Lists the reports that represent data for all three (3) program's (food, cash and eWIC EBT) reports.

4. Food and Cash Reports: Lists the reports required for food and cash EBT only.

5. eWIC EBT Reports: Lists the reports required for the eWIC EBT only.

6. Fraud Reports: Lists the reports required to support fraud and program integrity investigations.

2   General Reports Standards

This section of the Reports Specification provides information on the format of California EBT reports. It includes the following:

•   Report Format: The standard format which prescribes a common header, footer, title page, report content, and placement of summary data (State, county/local agency, and county office [where applicable] totals) for all reports.

•   Report File Name Structure: The naming conventions for report file names.

•   Access: How shared, food and cash and eWIC EBT reports are made available to end users.

•   Report Generation Timeframes: Timeframes for when daily, weekly, and monthly reports must be generated.

2.1   Report Format

All reports shall be available in formatted text, comma separated value (CSV), and portable document format (PDF) file formats. Upon written State approval, reports that contain data not available in the EBT host system may be made available in CSV and PDF formats only.

2.1.1 Formatted Text Reports

Formatted text reports are American Standard Code for Information Interchange (ASCII) data files with page headers and footers that follow a common format. The number of rows on each page shall match the number of rows on each page of the corresponding PDF report. Formatted text reports shall follow the common layout in Figure 1, Formatted Text Reports Common Layout, for applicable data fields. All times shall be reported as Pacific Time (PT).

Figure 1: Formatted Text Reports Common Layout

Repeated at the top of each page:

```
                                    <REPORT TITLE>
REOPORT CODE <NNN>           REPORT DATE OF MM/DD/YYY                    PAGE NN
                            STATE OF CALIFORNIA, EBT PROJECT
```

Body of report:

```
COUNTY CODE: NN
COUNTY NAME: <COUNTY NAME>
     PROGRAM: <FOOD OR CASH>
<OTHER APPLICABLE GROUPING>

<REPORT DATA>

TOTALS FOR FOOD:
TOTALS FOR CASH:
TOTALS FOR <COUNTY NAME>

COUNTY CODE: 00
COUNTY NAME: STATEWIDE

TOTALS FOR FOOD:
TOTALS FOR CASH:
TOTALS FOR STATEWIDE:
```

Repeated at the bottom of each page:

```
                                        RUN DATE MM/DD/YYYY HH:MM:SS
```

Last line of the report:

```
***** END OF REPORT *****
```

2.1.2 CSV Reports

CSV reports are ASCII data files that provide report data in a CSV format. CSV reports shall include the following content:

- First line with the report name and report date.

- Grouping data repeated in all rows.

- First column county code and second column county name for reports that are grouped by county.

- Last line with ***** END OF REPORT *****.

2.1.3 PDF Reports

PDF reports are PDF files that provide formatted report data. The layout of PDF reports shall be the same as formatted text reports. PDF reports shall include borders and bold text to enhance readability. The ***** END OF REPORT ***** indicator is not required in PDF reports.

2.2 Report File Name Structure

Reports are listed in the selection window by file name, and the file names incorporate the report dates and titles. Reports file names shall have the following structure:

P_ State_ Program_County/Loc Office_ YYMMDD-Name_of_Report.ReportType

The parts of the file name are defined as follows:

- ASCII data files, such that the value of each data element is distinct.

- CSV format.

- P: Production report

- State: California or CA

- Program: Food/cash or WIC

- County/Loc Office: The county code (1-58) or WIC local agency office code (3 digits).

- YYYYMMDD: Date of report by year, month, and date.

- Name_of_Report: The name of the report.

- Report_Type: The type of report (e.g., txt, csv, pdf).

2.3 Access

All shared reports and food and cash reports shall be available to end users through the reports application using a food and cash EBT administrative application user identifier and password.

All shared reports and food and cash reports shall be transmitted to the Statewide Automated Reconciliation System (SARS).

All shared reports and eWIC EBT reports shall be available to end users through the reports application using an eWIC EBT administrative application user identifier and password.

Upon request from the State, shared reports and eWIC EBT reports shall be transmitted to the eWIC Management Information System (MIS).

2.4   Report Generation Timeframes

The dates and times for reporting timeframes are as follows:

- Daily reports: Cutoff reports are generated each afternoon after 3:00 p.m. PT, unless otherwise noted. Calendar day reports are generated each night after midnight, at 12:01 a.m. PT.

- Weekly reports: Are based on a Sunday (at 12:00:00 a.m. PT) to Saturday (at 11:59:59 p.m. PT) time period.

- Monthly reports: Are generated on the first day of each month, after midnight (12:01 a.m. PT). Monthly reports capture data for the previous month, so a monthly report that is generated at 12:01 a.m. on October 1 represents the month of September.

3   Shared Reports

This section of the Reports Specification presents the daily, weekly, and monthly reports that represent all three (3) benefit programs: food, cash and WIC.

3.1   Daily Reports

This section presents daily reports.

3.1.1   Daily Cardholder ARU Hourly Call Volume Report

Purpose:	The Daily Cardholder ARU Hourly Call Volume Report shall capture daily counts and associated percentages of cardholder calls made to the Automated Response Unit (ARU).
Grouping:	Benefit Program
Sort Sequence:	Hour of Day
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
HOUR OF DAY	Hour of day being reported
CALLS	Number of ARU calls received within the one-hour time period

MINUTES	Total number of minutes for all calls within the one-hour time period
AVERAGE CALL DURATION	Average call duration in minutes and seconds
TRANSFERRED	Number of calls transferred to a customer service representative (CSR)
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR within the one-hour time period compared to the total number of ARU calls for the one-hour time period
CARD NUMBERS ENTERED	The number of callers who entered a valid card number
PINS	Number of calls with a successful Personal Identification Number (PIN) change
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.1.2   Daily Retailer ARU Hourly Call Volume Report

Purpose:	The Daily Retailer ARU Hourly Call Volume Report shall capture daily counts and associated percentages of retailer calls made to the ARU.
Grouping:	Benefit Program
Sort Sequence:	Hour of Day
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
HOUR OF DAY	Hour of day being reported
CALLS	Number of calls received in the ARU within the one-hour time period
MINUTES	Total number of minutes for all calls within the one-hour time period
AVERAGE CALL DURATION	Average call duration in minutes and seconds
TRANSFERRED	Number of calls transferred to a CSR

PERCENT TRANSFERRED	Percentage of calls transferred to a CSR within the one-hour time period compared to the total number of ARU calls for the one-hour time period
MANUAL VOUCHERS	Number of manual vouchers successfully authorized
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.1.3 Daily Cardholder ARU Speech Recognition Hourly Call Volume Report

Purpose:	The Daily Cardholder ARU Speech Recognition Hourly Call Volume Report shall capture daily counts and associated percentages of cardholder calls made to the ARU where speech recognition was used.
Grouping:	Benefit Program
Sort Sequence:	Hour of Day
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	

Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
CALLS	Number of calls received in the ARU within the one-hour time period
MINUTES	Total number of minutes for all calls within the one-hour time period
AVERAGE CALL DURATION	Average call duration in minutes and seconds
TRANSFERRED	Number of calls transferred to a CSR
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR within the one-hour time period compared to the total number of ARU calls for the one-hour time period
PINS	Number of calls with a successful PIN change
CARD NUMBERS ENTERED	The number of calls who entered a valid card number
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.1.4   Daily Cardholder Call Center CSR Hourly Call Volume Report

Purpose:	The Daily Cardholder Call Center CSR Hourly Call Volume Report shall capture daily counts and associated percentages of cardholder calls handled by CSRs.
Grouping:	Benefit Program
Sort Sequence:	Hour of Day
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
HOUR OF DAY	Hour of day being reported
CSR CALLS RECEIVED	Number of calls received by CSRs
CALLS ANSWERED	Number of calls answered by CSRs
CALLS ANSWERED LESS THAN 30 SECONDS	Number of calls answered in less than 30 seconds
CALLS ANSWERED PERCENTAGE	Percentage of calls answered by CSRs
CALLS ANSWERED PERCENTAGE LESS THAN 30 SECONDS	Percentage of calls answered in less than 30 seconds
CALLS ABANDONED	Number of abandoned calls
AVERAGE ABANDON TIME	Average time on hold before the call is abandoned
CALLS ABANDONED PERCENTAGE	Percentage of abandoned calls
AVERAGE ANSWER TIME	Average time before the call is answered by a CSR
AVERAGE TALK TIME	Average time cardholder is talking with a CSR
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.1.5   Daily Retailer Call Center CSR Hourly Call Volume Report

Purpose:	The Daily Retailer Call Center CSR Hourly Call Volume Report shall capture daily counts and associated percentages of retailer calls handled by CSRs.
Grouping:	NA
Sort Sequence:	Hour of Day
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, or WIC, or unknown)
HOUR OF DAY	Hour of day being reported
CSR CALLS RECEIVED	Number of calls received by CSRs
CALLS ANSWERED	Number of calls answered by CSRs
CALLS ANSWERED LESS THAN 30 SECONDS	Number of calls answered in less than 30 seconds
CALLS ANSWERED PERCENTAGE	Percentage of calls answered by CSRs
CALLS ANSWERED PERCENTAGE LESS THAN 30 SECONDS	Percentage of calls answered in less than 30 seconds
CALLS ABANDONED	Number of abandoned calls
AVERAGE ABANDON TIME	Average time on hold before the call is abandoned
CALLS ABANDONED PERCENTAGE	Percentage of abandoned calls
AVERAGE ANSWER TIME	Average time before the call is answered by a CSR
AVERAGE TALK TIME	Average time retailer is talking with a CSR
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.2   Weekly Reports

3.2.1   Weekly Retailer Problem Report

Purpose:	The Weekly Retailer Problem Report shall list information on non-active retailers. This report is used by the EBT Contractor to provide information on retailers no longer participating in EBT.
Grouping:	Retailer
Sort Sequence:	NA
Time Period:	One week (seven [7] days)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS 1	Address of retailer
ADDRESS 2	Additional address information for retailer
CITY	City of retailer
ZIP CODE	Zone Improvement Plan (ZIP) code of retailer
PHONE 1	Retailer telephone number
BUSINESS TYPE	Type of retailer
REDEMPTION	Amount of redemption
RETAILER STATUS	Status of retailer
DATE REPORTED	Date of REDE (Retailer EBT Data Exchange) withdrawal
PROBLEM	The reason why the retailer is no longer participating in EBT

3.3   Monthly Reports

Monthly reports reflect the activity of the previous month.

3.3.1   Monthly Cardholder ARU Daily Call Volume Report

Purpose:	The Monthly Cardholder ARU Daily Call Volume Report shall capture, by day, information on cardholder calls made to the Cardholder ARU.
Grouping:	Benefit Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Day of month being reported
CALLS	Number of calls to ARU for the reported date
MINUTES	Total minutes of all calls for the reported date
AVERAGE CALL DURATION	Average duration of all calls for the reported date
TRANSFERRED	Number of calls transferred to a CSR for the reported date
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR for the reported date
CARD NUMBERS ENTERED	The number of callers who entered a valid card number
PINS	Number of calls with a successful PIN change for the reported date
TOTAL	Monthly totals for each reported field
RUN DATE/TIME	Date and time the report was run

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3.3.2   Monthly Retailer ARU Daily Call Volume Report

Purpose:	The Monthly Retailer ARU Daily Call Volume Report shall capture, by day, information on retailer calls made to the Retailer ARU.
Grouping:	Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Day of month being reported
CALLS	Number of calls to the ARU for the reported date
MINUTES	Total minutes of all calls for the reported date
AVERAGE CALL DURATION	Average duration of all calls for the reported date
TRANSFERRED	Number of calls transferred to a CSR for the reported date
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR for the reported date
MANUAL VOUCHERS	Number of manual vouchers successfully authorized
TOTAL	Monthly totals for each reported field
RUN DATE/TIME	Date and time the report was run

3.3.3   Monthly Cardholder ARU Speech Recognition Daily Call Volume Report

Purpose:	The Monthly Cardholder ARU Speech Recognition Daily Call Volume Report shall present, by day, the most recent month's cardholder calls made to the ARU where speech recognition was used.
Grouping:	Benefit Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**

REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Day of the month being reported
CALLS	Number of calls received in the ARU within the one-hour time period
MINUTES	Total number of minutes for all calls within the one-hour time period
AVERAGE CALL DURATION	Average call duration in minutes and seconds
TRANSFERRED	Number of calls transferred to a CSR
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR within the one-hour time period compared to the total number of ARU calls for the one-hour time period
PINS	Number of calls with a successful PIN change
CARD NUMBERS ENTERED	The number of callers who entered a valid card number
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.3.4 Monthly Cardholder Call Center CSR Daily Call Volume Report

Purpose:	This Monthly Cardholder Call Center CSR Daily Call Volume Report shall present, by day, the most recent month's cardholder calls handled by CSRs.
Grouping:	Benefit Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Date of the month being reported
CSR CALLS RECEIVED	Number of calls received by CSRs

CALLS ANSWERED	Number of calls answered by CSRs
CALLS ANSWERED LESS THAN 30 SECONDS	Number of calls answered in less than 30 seconds
CALLS ANSWERED PERCENTAGE	Percentage of calls answered by CSRs
CALLS ANSWERED PERCENTAGE LESS THAN 30 SECONDS	Percentage of calls answered in less than 30 seconds
CALLS ABANDONED	Number of abandoned calls
AVERAGE ABANDON TIME	Average time on hold before the call is abandoned
CALLS ABANDONED PERCENTAGE	Percentage of abandoned calls
AVERAGE ANSWER TIME	Average time before the call is answered by a CSR
AVERAGE TALK TIME	Average time cardholder is talking with a CSR
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.3.5 Monthly Retailer Call Center CSR Daily Call Volume Report

Purpose:	The Monthly Retailer Call Center CSR Daily Call Volume Report shall capture daily counts and associated percentages of retailer calls handled by CSRs.
Grouping:	Benefit Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food, cash or WIC)
DATE	Date of the month being reported
CSR CALLS RECEIVED	Number of calls received by CSRs
CALLS ANSWERED	Number of calls answered by CSRs
CALLS ANSWERED	Number of calls answered in less than 30 seconds

LESS THAN 30 SECONDS	
CALLS ANSWERED PERCENTAGE	Percentage of calls answered by CSRs
CALLS ANSWERED PERCENTAGE LESS THAN 30 SECONDS	Percentage of calls answered in less than 30 seconds
CALLS ABANDONED	Number of abandoned calls
AVERAGE ABANDON TIME	Average time on hold before the call is abandoned
CALLS ABANDONED PERCENTAGE	Percentage of abandoned calls
AVERAGE ANSWER TIME	Average time before the call is answered by a CSR
AVERAGE TALK TIME	Average time retailer is talking with a CSR
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time the report was generated

3.3.6 Monthly Cardholder ARU Language Call Count Report

Purpose:	The Monthly Cardholder ARU Language Call Count Report shall list, by language, the number of cardholder calls made to the ARU and transferred to the CSRs.
Grouping:	Benefit Program
Sort Sequence:	Language
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
LANGUAGE COUNT	The language supported and count
MINUTES	Total minutes of all calls for the language
AVERAGE CALL DURATION	Average duration of all calls for the language
TRANSFERRED	Number of calls transferred to a CSR for the language
PERCENT	Percentage of calls transferred to a CSR for the language

TRANSFERRED	
TOTAL	Totals for the day for each identified field
RUN DATE/TIME	Date and time report was run

3.3.7 Monthly Retailer ARU Language Call Count Report

Purpose:	The Monthly Retailer ARU Language Call Count Report shall list, by language, the number of retailer calls made to the ARU and transferred to the CSRs.
Grouping:	Benefit Program
Sort Sequence:	Language
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
LANGUAGE COUNT	The language supported and count.
MINUTES	Total minutes of all calls for the language
AVERAGE CALL DURATION	Average duration of all calls for the language
TRANSFERRED	Number of calls transferred to a CSR for the language
PERCENT TRANSFERRED	Percentage of calls transferred to a CSR for the language
TOTAL	Monthly totals for each reported field
RUN DATE/TIME	Date and time report was run

3.3.8 Monthly Cardholder Call Request Type Report

Purpose:	The Monthly Cardholder Call Request Type Report shall list, by date, the number of calls for each request type received by the Cardholder Call Center CSRs.
Grouping:	Benefit Program
Sort Sequence:	Request Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**

REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
REQUEST TYPE AND COUNT	The type of request and count for each. Types of request may include • Benefit availability • Available balance • Transaction inquiry • Report complaint or fraud • Process manual voucher • Report lost, stolen or damaged card • Request replacement card • PIN related question • General question about the EBT program • Referred to the local county office • Caller hung up and the call is terminated • ATM or POS-related question • Dispute transaction posted to their account and opens an adjustment request • Status of adjustment request they have filed • Other
TOTAL CALLS	Number of calls received for the date reported
STATEWIDE TOTAL	Statewide totals for all calls based on the type of call
RUN DATE/TIME	Date and time report was run

3.3.9   Monthly Retailer Call Request Type Report

Purpose:	The Monthly Retailer Call Request Type Report shall list, by date, the number of calls for each request type received by the Retailer Call Center CSRs.
Grouping:	Benefit Program
Sort Sequence:	Request Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report

BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
REQUEST TYPE AND COUNT	The type of request and count for each (.e.g., complaint, contract, equipment problem, general information, settlement, equipment supplies, manual vouchers).
TOTAL CALLS	Total number of calls received for the date reported
STATEWIDE TOTAL	Statewide total for all calls based on the type of call
RUN DATE/TIME	Date and time report was run

3.3.10 Monthly Cardholder Website Statistics Report

Purpose:	The Monthly Cardholder Website Statistics Report shall list, by date, the number and type of hits on the Cardholder Website.
Grouping:	Benefit Program
Sort Sequence:	Date, County/local agency, State Unique Identifier (SUID)
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Date being reported
COUNTY/LOCAL OFFICE CODE	County or local office code
COUNTY/LOCAL OFFICE NAME	County or local office code name
SUID	State unique identifier
REQUEST TYPE AND COUNT	The type of request and count for each.
TOTAL TRANS	Number of transactions performed by the county or local agency's cardholders
STATEWIDE TOTAL	Statewide totals for all calls based on the type of call
RUN DATE/TIME	Date and time report was run

3.3.11 Monthly Cardholder Mobile Phone Application Statistics Report

Purpose:	The Monthly Cardholder Mobile Phone Application Statistics Report shall list, by date, the number and type of hits on the cardholder mobile phone application.
Grouping:	Benefit Program
Sort Sequence:	Date, County/local agency, SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Date being reported
COUNTY/LOCAL OFFICE CODE	County or local office code
COUNTY/LOCAL OFFICE NAME	County or local office code name
SUID	State unique identifier
REQUEST TYPE AND COUNT	The type of request and count for each.
TOTAL TRANS	Number of transactions performed by the county or local agency's cardholders
STATEWIDE TOTAL	Statewide totals for all transactions
RUN DATE/TIME	Date and time report was run

3.3.12 Monthly Transaction Accuracy Standards Report

Purpose:	The Monthly Transaction Accuracy Standards Report shall list transactions that resulted in an adjustment as related to all transactions.
Grouping:	Benefit Program
Sort Sequence:	SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number

REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
DATE	Date being reported
TOTAL TRANSACTIONS	Type of transaction processed and the total count of approved transactions for that transaction type
ADJ TRANSACTION TYPE AND COUNT	Type of transaction processed that resulted in a subsequent adjustment and count
RUN DATE/TIME	Date and time report was run

3.3.13 Monthly Retailer EBT-Only POS and Wireless Device Inventory Report

Purpose:	The Monthly Retailer EBT-Only POS and Wireless Device Inventory Report shall list, by FNS number, retailer equipment (Point-of-Sale [POS] devices, PIN pads, and bar code scanners), deployed to retailers, at no cost to the retailers, as of the last day of the reporting period.
Grouping:	FNS Number
Sort Sequence:	Type, Serial Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer's FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
FNS STATUS	Retailer's FNS authorization status
WIC STATUS	Retailer's WIC authorization status
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS	Address of retailer
CITY	City of retailer
ZIP CODE	ZIP code of retailer
BUSINESS TYPE	Type of retailer

EQUIPMENT TYPE	Type of equipment (EBT-Only POS, Wireless POS, PIN Pad, or Bar Code Scanner)
MFGR	Manufacturer of equipment
MODEL	Model of equipment
SERIAL NUMBER	Serial number of equipment
INSTALL DATE	Date of equipment installation
RUN DATE	Date and time report was run

3.3.14 Monthly EBT-Only POS and Wireless Device Maintenance and Replacement Report

Purpose:	The Monthly EBT-Only POS and Wireless Device Maintenance and Replacement Report shall list, by FNS number, retailer equipment (POS devices, PIN pads, and bar code scanners), deployed to retailers at no cost to the retailers, that has been serviced or replaced during the reporting period.
Grouping:	FNS Number
Sort Sequence:	Type, Serial Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS	Address of retailer
CITY	City of retailer
ZIP CODE	ZIP code of retailer
SERVICE TYPE	Type of service (e.g., maintenance, repair, replacement, emergency repair, etc.)
SERVICE DATE	Date equipment was serviced or replaced
MFGR	Manufacturer of equipment

MODEL	Type and model of the replacement equipment
SERIAL NUMBER	Serial number of the replacement equipment
COMMENTS	Comments about the equipment replacement activities
RUN DATE	Date and time report was run

3.3.15 Monthly No-Cost EBT-Only POS and Wireless Device Report

Purpose:	The Monthly No-Cost EBT-Only POS and Wireless Device Report shall list, by FNS number, the number of EBT-Only and wireless POS devices that are provided to retailers, at no cost to the retailers, and the number of food, cash, and WIC transactions at each retailer using the no cost POS devices.
Grouping:	POS Type
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
POS Type	EBT-Only or Wireless
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS	Address of retailer
CITY	City of retailer
ZIP CODE	ZIP code of retailer
COUNT	Number of POS devices being provided to the retailer
FOOD TRANSACTIONS	Number of completed food transactions
CASH TRANSACTIONS	Number of completed cash transactions
WIC TRANSACTIONS	Number of completed WIC transactions
RUN DATE/TIME	Date and time report was run

3.3.16 SNAP versus WIC Redemption Report

Purpose:	The Monthly SNAP versus WIC Redemption Report shall list, by retailer, the percentage of total retailer sales by SNAP and WIC purchases.
Grouping:	NA
Sort Sequence:	Retailer
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	City of retailer
TOTAL TRANSACTIONS	The number and value of all retailer WIC and SNAP transactions
SNAP COUNT	The number of all retailer SNAP transactions
WIC COUNT	The number of all retailer WIC transactions
SNAP AMOUNT	The dollar amount of retailer SNAP transactions
WIC AMOUNT	The dollar amount of retailer WIC transactions
SNAP PERCENT	The percentage of retailer SNAP transactions
WIC PERCENT	The percentage of retailer WIC transactions
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

4   Food and Cash EBT Reports

This section of the Reports Specification presents the daily, weekly, and monthly food and cash EBT reports that will be required. Unless otherwise specified, EBT accounts refer to food and cash EBT accounts.

4.1   Daily Reports

4.1.1   Daily Cardholder Adjustment Report

Purpose:	The Daily Cardholder Adjustment Report shall list debit and credit adjustments made to food and cash cardholder accounts.
Grouping:	County and Benefit Program
Sort Sequence:	SUID and date/time
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code or local agency code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or Cash
DATE TIME	Date and time of adjustment
SUID	State unique identifier
CARD NUMBER	Cardholder card number
ADJUSTMENT TYPE	Type of debit or credit adjustment
LOGIN	User ID
CREDIT OR DEBIT INDICATOR	Indicates adjustment is a credit or debit
AMOUNT	Amount of adjustment
PROGRAM TOTAL	Food or cash or WIC total
COUNTY TOTAL	Total adjustments for county or local agency
CREDIT AMOUNT	Total amounts of credit adjustments
DEBIT AMOUNT	Total amounts of debit adjustments
NET AMOUNT	Total amount of debit and credit adjustments
TOTAL COUNT	Total number of adjustments

PROGRAM TOTAL	Total adjustments for the program
RUN DATE/TIME	Date and time report was run

4.1.2   Daily Administrative Actions Summary Report

Purpose:	This Daily Administrative Actions Summary Report shall provide a summary of all user-executed nonfinancial actions made using the administrative application or through the host-to-host interface.
	Counties use this report to reconcile activities done on their eligibility system using the host-to-host interface. It also helps counties track administrative application use.
Grouping:	County and county office code
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
**Required Data Elements**	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
INTERFACE	Interface type (e.g., host-to-host or administrative application)
LOGIN	User ID
ACCOUNT REACT	Number of account reactivations performed
PIN UNLOCK	Number of PIN unlocks performed
ACCOUNT SETUP	Number of accounts set up
PEND VOID	Number of pending accounts voided
TOTAL	Total of all actions performed
COUNTY TOTAL	Total administrative actions for the county
STATEWIDE TOTAL	Total administrative actions for the State
RUN DATE/TIME	Date and time report was run

4.1.3   Daily Administrative Actions Detail Report

Purpose:	The Daily Administrative Actions Detail Report shall provide the details of all user-executed nonfinancial actions made using the administrative application or through the host-to-host interface.
	Counties use this report to reconcile activities done on their eligibility system using the host-to-host interface. It also helps counties track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
LOGIN	User ID
SUID	State unique identifier
CARD NUMBER	Cardholder card number
ACCOUNT REACT	Number of account reactivations performed
PIN UNLOCK	Number of PIN unlocks performed
ACCOUNT SETUP	Number of accounts set up
PEND VOID	Number of pending accounts voided
COUNTY TOTAL	Total administrative actions for the county
STATEWIDE TOTAL	Total administrative actions for the State
RUN DATE/TIME	Date and time report was run

4.1.4   Daily Administrative Transactions Summary Report

Purpose:	The Daily Administrative Transactions Summary Report shall provide the summary information on all user-executed financial actions (e.g., adjustments, benefit issuance, benefit repayment) made using the administrative application or through the host-to-host interface.
	Counties use this report to reconcile activities done on their eligibility system using the host-to-host interface. It also helps counties track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
INTERFACE	Interface type (e.g., host-to-host or administrative application)
BENEFIT PROGRAM	Food or cash
USER	User ID
ADJUSTMENT: COUNT	Number of adjustments
ADJUSTMENT: AMOUNT	Amount of adjustments
EMERGENCY BENEFIT: COUNT	Number of emergency benefits
EMERGENCY BENEFIT: AMOUNT	Amount of emergency benefits
REPAYMENT: COUNT	Number of repayments
REPAYMENT: AMOUNT	Amount of repayments
TOTAL: COUNT	Total number of all transactions
TOTAL: AMOUNT	Total amount of all transactions
PROGRAM TOTAL	Total transactions for program type
COUNTY TOTAL	Total administrative transactions for the county
RUN DATE/TIME	Date and time report was run

4.1.5   Daily Administrative Transactions Detail Report

Purpose:	The Daily Administrative Transactions Detail Report shall provide the details of all user-executed financial actions (e.g., adjustments, emergency benefits, and repayments) made using the administrative application or through the host-to-host interface. Counties use this report to reconcile activities done on their eligibility system using the host-to-host interface. It also helps counties track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
**Required Data Elements**
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
LOGIN	User ID
SUID	State unique identifier
AUTHORIZATION NUMBER	Transaction authorization number
ADJUSTMENT	Amount of adjustment
EMERGENCY BENEFIT	Amount of emergency benefit
REPAYMENT	Amount of repayment
PROGRAM TOTAL	Total transactions for program type
COUNTY TOTAL	Total administrative transactions for the county
STATEWIDE TOTAL	Total administrative transactions for the State
RUN DATE/TIME	Date and time report was run

4.1.6   Daily Batch Summary Report

Purpose:	The Daily Batch Summary Report shall summarize batch processing by county, batch type, and control number.
Grouping:	County
Sort Sequence:	Start time

Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BATCH TYPE	Batch file type
CONTROL NUMBER	Batch file control number
START DATE TIME	Date and time batch processing started
END DATE TIME	Date and time batch processing completed
RECORDS SENT	Number of detail records in the batch file
RECORDS LOADED	Number of detail records successfully processed
CREDIT AMOUNT	Amount of benefits adds successfully processed ($0.00 for demographic files)
DEBIT AMOUT	Amount of benefits void successfully processed ($0.00 for demographic files)
RUN DATE/TIME	Date and time report was run

4.1.7 Daily Benefit Draw-Down Totals Report

Purpose:	The Daily Benefit Draw-Down Totals Report shall detail the daily settlement information by county, program and benefit type. The Daily Benefit Draw-Down Totals Report shall not include benefits that have not reached their availability date and benefits that have no corresponding demographic data.
Grouping:	County
Sort Sequence:	Benefit type
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county

BENEFIT PROGRAM	Food or cash
BENEFIT TYPE	Type of benefit
SETTLEMENT TRANSACTION TYPE	Type of settlement transaction, including deposits, debits, credits, non-settling, net amount, prior balance, and current balance
COUNT	Number of transactions for each settling type
AMOUNT	Total dollar amount for each settling type
PROGRAM TOTAL	Summary total of all count and dollar amounts for settling types within program
RUN DATE/TIME	Date and time report was run

4.1.8   Daily Retailer/ATM Adjustment Report

Purpose:	The Daily Retailer/ATM Adjustment Report shall identify credit and debit adjustments on a food and cash cardholder's account against retailers.
Grouping:	County and retailer
Sort Sequence:	Date and time
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or Cash
FNS OR ATM NUMBER	Retailer Number issued by the Food and Nutrition Service (FNS) or ATM Terminal Identification (ID) Number
RETAILER NAME OR ATM NAME	Name of retailer
RETAILER OR ATM ADDRESS	Address of the retailer or ATM
DATE TIME	Date and Time of adjustment
SUID	State unique identifier
CLAIM NUMBER	Claim number
CREDIT OR DEBIT	Indicates if adjustment is a credit or debit to the retailer or ATM owner

AMOUNT	Amount of adjustment
TOTAL FOR <FOOD/CASH>: CREDIT AMOUNT	Total amount of credits by program type
TOTAL FOR <FOOD/CASH>: DEBIT AMOUNT	Total amount of debits by program type
TOTAL FOR <FOOD/CASH>: NET AMOUNT	Total of credits minus the total of debits
TOTAL FOR <FOOD/CASH>: TOTAL COUNT	Total number of credit and debit adjustments
STATEWIDE TOTAL	Total adjustments for the State
RUN DATE/TIME	Date and time report was run

4.1.9   Daily Cardholder Manual Authorizations Report

Purpose:	The Daily Cardholder Manual Authorizations Report shall list all new, settled, approved, and expired manual food benefit vouchers.
Grouping:	County and status
Sort Sequence:	Authorization date and FNS number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
STATUS	Status of manual authorization
AUTH DATE	Date of authorization
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
CARD NUMBER	Cardholder card number
SUID	State unique identifier
CREATED BY	Manual voucher authorized through the Automatic

	Response Unit (ARU) or Administrative Application (AA)
VOUCHER NUMBER	Number on the voucher
APPROVAL NUMBER	Authorization approval number
CREDIT OR DEBIT	Credit or debit
AUTH AMOUNT	Authorization amount
SETTLE AMOUNT	Settlement amount
CREDIT AMOUNT	Total amount of credits
DEBIT AMOUNT	Total amount of debits
NET AMOUNT	Total of credits minus the total of debits
NEW VOUCHERS	Totals for new vouchers
APPROVED VOUCHERS	Totals for approved vouchers
SETTLED VOUCHERS	Totals for settled vouchers
EXPIRED VOUCHERS	Totals for expired vouchers
TOTAL COUNT FOR <COUNTY NAME>	Totals for the each county by voucher status
TOTAL COUNT FOR STATEWIDE	Totals for the State
RUN DATE/TIME	Date and time report was run

4.1.10 Daily Retailer Manual Authorizations Report

Purpose:	The Daily Retailer Manual Authorizations Report shall list all manual food benefit voucher executed by a retailer.
Grouping:	FNS Number
Sort Sequence:	Auth Date, Voucher Number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
STATUS	Status of manual voucher
AUTH DATE	Date of authorization
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
CARD NUMBER	Cardholder card number

SUID	State unique identifier
CREATED BY	Manual Voucher authorized through the AA or the ARU
VOUCHER NUMBER	Number on the voucher
APPROVAL NUMBER	Authorization approval number
CR/DB	Credit or Debit
AUTH AMOUNT	Authorization amount
SETTLE AMOUNT	Settlement amount
CREDIT AMOUNT	Total amount of credits
DEBIT AMOUNT	Total amount of debits
NET AMOUNT	Total of credits minus the total of debits
NEW VOUCHERS	Totals for new vouchers
APPROVED VOUCHERS	Totals for approved vouchers
SETTLED VOUCHERS	Totals for settled vouchers
EXPIRED VOUCHERS	Totals for expired vouchers
TOTAL COUNT	Totals by voucher status
STATEWIDE TOTAL	Totals for the State
RUN DATE/TIME	Date and time report was run

4.1.11 Daily Pending Benefits Report

Purpose:	The Daily Benefits Pending Report shall provide a summary of benefits that have not yet reached their availability date, as well as pending benefits for which no demographic data exists.
Grouping:	County and Benefit Program
Sort Sequence:	Availability Date and Benefit Type
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or Cash
AVAILABLE DATE	Benefit availability date

BENEFIT TYPE	Type of benefit
BENEFIT COUNT	Total number of benefits
BENEFIT AMOUNT	Amount of benefits
TOTALS FOR <AVAILABLE DATE>	Total pending count and amount of benefits by available date
TOTALS FOR <BENEFIT TYPE>	Total pending count and amount by benefit type within a program
PROGRAM TOTAL	Total pending count and amount of benefits by program type
COUNTY TOTAL	Total pending benefits for the county
STATEWIDE TOTAL	Total pending benefits for the State
RUN DATE/TIME	Date and time report was run

4.1.12 Daily State Issuer Totals Report

Purpose:	The Daily State Issuer Totals Report shall summarize total transaction counts and amounts for all activities against EBT accounts.
Grouping:	County
Sort Sequence:	Benefit Program
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or Cash
ACTIVITY	Transaction activity being reported on (e.g., adjustments, benefit authorizations, expungements, purchases, repayments, returns, reversals, voids, voucher settlement, withdrawals, and fees)
COUNT	Total number for each activity
AMOUNT	Total amount for each activity
BENEFIT PROGRAM TOTAL	Summary total of all counts and dollar amounts for account types within each program including prior amount balance and current amount balance

NET AMOUNT	The difference between the current and prior amount balance
PRIOR BALANCE	The prior balance for the account type
CURRENT BALANCE	The current balance for the account type
RUN DATE/TIME	Date and time report was run

4.1.13 Daily Inactive, Dormant, and Expunged Account Report

Purpose:	This shall list all food and cash cardholder accounts that have reached an inactive, dormant, or expunged account status.
Grouping:	County and local office
Sort Sequence:	Benefit Program
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
OFFICE CODE	Local office code
BENEFIT PROGRAM	Food or Cash
SUID	State unique identifier
CARD NUMBER	Cardholder card number
CARDHOLDER NAME	Cardholder name
STATUS	Inactive (I), Dormant (D), Expunged (E)
LAST DEPOSIT	Date of last benefit deposit
BALANCE	Balance in benefit account
PROGRAM TOTAL	Total inactive, dormant, expungeable account balance by program type
TOTALS FOR <OFFICE CODE>	Total inactive, dormant, expungeable account balance for each county office
COUNTY TOTAL	Total inactive, dormant, expungeable benefit balance for the county
STATEWIDE TOTAL	Total inactive, dormant, expungeable benefit balance for the State

RUN DATE/TIME	Date and time report was run

4.1.14 Daily Response Times Report

Purpose:	The Average Daily Response Times Report shall list the number of transactions within the response time intervals, (less than one [1] second through more than three [3] seconds). This report lists the average response time and the total transactions for the day.
Grouping:	NA
Sort Sequence:	Response time
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
TRANSACTION DATE	Date of transactions during the reported month
2 SEC OR LESS	Number of transactions responding in 2 seconds or less
BETWEEN 2 & 3 SECS	Number of transactions responding between 2 and 3 seconds
BETWEEN 3 & 4 SECS	Number of transactions responding between 3 and 4 seconds
BETWEEN 4 & 5 SECS	Number of transactions responding between 4 and 5 seconds
MORE THAN 5 SECS	Number of transactions responding in more than 5 seconds
AVERAGE RESPONSE TIME	Average transaction response time
TOTAL TRANS	Total number of transactions processed each day
RUN DATE/TIME	Date and time report was run

4.2   Weekly Reports

Weekly reports reflect the activity of the previous week.

4.2.1   Weekly Retailer Status

Purpose:	The Weekly Retailer Status report shall list, by county, detailed information on retailers participating in EBT. The report helps staff monitor retailer authorization status and each retailer's operational configuration.
Grouping:	NA
Sort Sequence:	County
Time Period:	One week (seven [7] days)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
COUNTY CODE	County code
COUNTY NAME	Name of county
FNS NUMBER	Retailer FNS number
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS	Address of retailer
ADDRESS 2	Additional address information for retailer
CITY	City of retailer
ZIP CODE	ZIP code of retailer
PHONE 1	Retailer telephone number
PHONE 2	Alternate retailer telephone number
BUSINESS TYPE	Type of retailer
EBT TYPE	Benefits accepted at EBT POS equipment (food/cash)
CASH BACK PER TRANS	Retailer's maximum cash back per transaction
RETAILER STATUS	Enrolled or de-authorized
LAST UPDATE	Date of most recent update in the EBT system
REDE AUTH DATE	Date of REDE authorization or withdrawal
AGREEMENT REC DATE	Date signed Retailer Agreement was received
TERMINAL TYPE	Type of POS device

INSTALL DATE	Date of POS equipment installation
TERMINAL TYPE DESC	EBT-only or through a processor (or undetermined)
TERMINAL QTY	Number of EBT-only POS devices
TPP NAME	Name of third-party processor
RUN DATE/TIME	Date and time report was run

4.2.2   Weekly Card Destruction Report

Purpose:	The Weekly Card Destruction Report shall list Food and Cash and WIC Cards that have been returned to the EBT Contractor as undeliverable and destroyed or retrieved from the State EBT post office box and then destroyed during the reporting period.
Grouping:	County
Sort Sequence:	SUID and Card number
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	

Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
SUID	State unique identifier
CARD NUMBER	Cardholder card number
COUNTY TOTAL	Total number of destroyed cards by county
STATEWIDE TOTAL	Total number of destroyed cards for the State
RUN DATE/TIME	Date and time report was run

4.2.3   Weekly PIN Destruction Report

Purpose:	The Weekly PIN Destruction Report shall list EBT PIN mailers that have been returned to the State EBT post office box as undeliverable and subsequently destroyed during the reporting period.
Grouping:	County
Sort Sequence:	SUID and Card number
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
SUID	State unique identifier
COUNTY TOTAL	Total number of PIN mailers returned for the county
STATEWIDE TOTAL	Total number of PIN mailers returned for the State
RUN DATE/TIME	Date and time report was run

4.3   Monthly Reports

Monthly reports reflect the activity of the previous month.

4.3.1   Monthly ATM/POS Usage Report

Purpose:	The Monthly ATM/POS Usage Report shall provide a profile of transaction activity for ATM and POS terminals.
Grouping:	Date
Sort Sequence:	County
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of the county where the ATM or POS is located
PERIOD	Time of device usage being reported. The period reported will list: Time of day (PT), day of the month being reported and the totals for the day of the week
POS ACTIVITY: PURCHASE #	Number of POS device purchases for the reported period
POS ACTIVITY: PURCHASE PERCENT	Percent of POS device purchases for the reported period
POS ACTIVITY:	Number of POS device balance inquiries for the reported

BALANCE INQ. #	period
POS ACTIVITY: BALANCE INQ. PERCENT	Percentage of POS device balance inquiries for the reported period
POS ACTIVITY: REJECTION #	Number of POS device activity rejections for the reported period
POS ACTIVITY: REJECTION PERCENT	Percentage of POS device activity rejections for the reported period
ATM ACTIVITY: WITHDRAWALS #	Number of ATM withdrawals for the reported period
ATM ACTIVITY: WITHDRAWALS PERCENT	Percent of ATM withdrawals for the reported period
ATM ACTIVITY: BALANCE INQ. #	Number of ATM balance inquiries for the reported period
ATM ACTIVITY: BALANCE INQ. PERCENT	Percentage of ATM balance inquiries for the reported period
ATM ACTIVITY: REJECTION #	Number of ATM activity rejections for the reported period
ATM ACTIVITY: REJECTION PERCENT	Percentage of ATM activity rejections for the reported period
COUNTY TOTALS	County totals based on time period being reported
STATEWIDE TOTALS	Statewide totals based on time period being reported
RUN DATE/TIME	Date and time report was run

4.3.2   Monthly Food Transaction Activity Report

Purpose:	The Monthly Food Transaction Activity Report shall list by county, the food benefit debit and credit activity for retailers.
Grouping:	County
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code

COUNTY NAME	Name of the county where the retailer is located
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
CITY	City of retailer
CREDIT COUNT	Number of cardholder credits
CREDIT AMOUNT	Amount of cardholder credits
DEBIT COUNT	Number of cardholder debits
DEBIT AMOUNT	Amount of cardholder debits
COUNTY TOTAL	Total credits, debits, net amount, total count
STATEWIDE TOTAL	Total credit count, credit amount, debit count, debit amount and totals for statewide, credit, debit, net, and count.
RUN DATE/TIME	Date and time report was run

4.3.3   Monthly Restaurant Meals Eligible Cardholder Report

Purpose:	The Monthly Restaurant Meals Program Eligible Cardholder Report shall list, by county, cardholders who are participating in the Restaurant Meals Program.
Grouping:	County
Sort Sequence:	SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
SUID	State Unique Identifier
IND	Primary or alternate cardholder
CARD NUMBER	Cardholder card number
COUNTY TOTAL	Total eligible cardholders for the county
STATEWIDE TOTAL	Total eligible cardholders for the State
RUN DATE/TIME	Date and time report was run

4.3.4   Monthly Restaurant Meals Retailer Transaction Activity Report

Purpose:	The Monthly Restaurant Meals Retailer Transaction Activity Report shall list by county, food transactions for at FNS retailers participating in the Restaurant Meals Program.
Grouping:	County
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of the county where the retailer is located
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
CITY	City of retailer
CREDIT COUNT	Number of cardholder credits
CREDIT AMOUNT	Amount of cardholder credits
DEBIT COUNT	Number of cardholder debits
DEBIT AMOUNT	Amount of cardholder debits
COUNTY TOTAL	Total credits, debits, net amount, total count
STATEWIDE TOTAL	Total credit count, credit amount, debit count, debit amount and totals for statewide, credit, debit, net, and count.
RUN DATE/TIME	Date and time report was run

4.3.5   Monthly Automated Credit Adjustment Notification Report

Purpose:	The Monthly Automated Credit Adjustment Notification Report shall capture the number of calls placed to food and cash cardholders notifying them that a credit adjustment has been made to the EBT account. The minimum threshold for an automated notification is $10.
Grouping:	NA
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	

Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
CALL DATE	Date calls were made
LIVE	Number of telephone calls answered by a person
ANS MACH	Number of telephone calls answered by voicemail and answering machines
BUSY	Number of telephone calls that received a busy signal
NO ANS	Number of telephone calls that were not answered by a person or an answering machine
OPT OUT	Number of telephone calls in which the person indicated they do not want to receive future calls. Also referred to as a "Do Not Call" list.
INVALID	Number of telephone calls to phone numbers that are either non-existent, invalid, or are international phone numbers
TEXT	Number of text messages sent
EMAIL	Number of email messages sent
TOTAL	Two totals are captured; the number of calls made for the day and the total number of calls for the month based on the response to the outbound call
RUN DATE/TIME	Date and time report was run

4.3.6 Monthly ATM/POS Out-of-State Usage Report

Purpose:	The ATM/POS Out-of-State Report shall list detailed information on all California EBT transactions conducted at ATM and POS devices located outside the State of California.
Grouping:	County
Sort Sequence:	SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code

COUNTY NAME	Name of county
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
BENEFIT PROGRAM	Program type (Food [F] or Cash [C])
TYPE	Type of transactions (POS or ATM)
RETAILER NAME	Name of retailer
FNS NUMBER	Retailer FNS number
TERMINAL ID	Identifying ATM or POS device number at the out-of-state retailer
ADDRESS	Address of ATM or POS device
CITY	City of ATM or POS device
STATE	State of ATM or POS device
COUNT	Number of transactions for a cardholder at each out-of-state retailer
AMOUNT	Amount of transaction at each out-of-state retailer
COUNTY TOTAL	Total number of purchases, and total amount that includes purchases and returns
RUN DATE/TIME	Date and time report was run

4.3.7 Monthly Cash Access Report

Purpose:	The Monthly Cash Access Report lists all ATM and POS locations within the county where a food and cash cardholder may access cash benefits.
Grouping:	County
Sort Sequence:	Issuance Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county where identified ATM or POS is located
DEVICE TYPE	ATM or POS
NAME	Processor's name, bank's name or retailer's name
LOCATION NAME	Name of location

ADDRESS	Location's street address
CITY	Name of city
ZIP CODE	ZIP code
CASH LIMIT	Maximum cash limit
SURCHARGE	Indicated if there is a surcharge or fee for cash withdrawals (e.g., yes or no)
SC AMOUNT	The amount of the surcharge (e.g., $1.50, $2.00, $3.00)
SERVICE CODE	Purchase required, Cash
MONEY ORDER/BILL PAYMENT	Money order or Bill Payment service offered (MO, BP)
RUN DATE/TIME	Date and time report was run

4.3.8 Monthly Average Daily Response Times Report

Purpose:	The Monthly Average Daily Response Times Report shall list the number of transactions within the response time intervals, (less than1 second through more than 5 seconds). This report lists the average response time and the total transactions on that day.
Grouping:	NA
Sort Sequence:	Response time
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
TRANSACTION DATE	Date of transactions during the reported month
2 SEC OR LESS	Number of transactions responding in 2 second or less
BETWEEN 2 & 3 SECS	Number of transactions responding between 2 and 3 seconds
BETWEEN 3 & 4 SECS	Number of transactions responding between 3 and 4 seconds
BETWEEN 4 & 5 SECS	Number of transactions responding between 4 and 5 seconds
MORE THAN 5 SECS	Number of transactions responding in more than 4 seconds
AVERAGE RESPONSE	Average transaction response time

TIME	
TOTAL TRANS	Total number of transactions processed each day
RUN DATE/TIME	Date and time report was run

4.3.9 Monthly Benefit Posting Report

Purpose:	The Monthly Benefit Posting Report shall list, by settlement day, the start and end time of benefits that were late in posting.
Grouping:	Benefit Program
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
BENEFIT PROGRAM	The benefit program (e.g., food/cash, WIC or unknown)
POSTING START TIME	The time the benefit processing started.
POSTING END TIME	The time the benefit processing ended.
RUN DATE/TIME	Date and time report was run

4.3.10 Monthly Application User Report

Purpose:	The Monthly Application User Report shall list, for each EBT system component (administrative application, PIN select device, data warehouse, etc.) user information for each application that requires a user identifier (ID), including status (active, pending deletion, reactivated, etc.).
Grouping:	County
Sort Sequence:	Application, Login
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code

COUNTY NAME	Name of county
APPLICATION	Name or type of EBT system component
LOGIN	User ID
NAME	User first and last name
STATUS	Account status (e.g., active, pending deletion, deleted, inactive, reactivated)
LAST LOGIN	Date of user's last login
DELETION DATE	Planned deletion date for the identified user
USER ROLE	User role type such as Administrative Support Supervisor, etc.
COUNTY TOTAL	Total number of enabled and disabled users
STATEWIDE TOTAL	Total number of enabled and disabled users
RUN DATE/TIME	Date and time report was run

4.3.11 Monthly Card Issuance Detail Report

Purpose:	The Monthly Card Issuance Detail Report shall list details of card issuance activities for the current month.
Grouping:	County
Sort Sequence:	Issue date, SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
ISSUANCE METHOD	Method of card issuance (e.g., mail, over-the-counter, new, replacement)
SUID	State Unique Identifier
CARD NUMBER	Cardholder's new card number
DATE/TIME	Day and time of card issuance
USER ID	User ID of card issuer
COUNTY TOTAL	Total number of cards issued based on the issuance type (Mail New, OTC New, Mail Replace, OTC Replace)
STATEWIDE TOTAL	Total cards issued statewide by the issuance type (Mail

	New, OTC New, Mail Replace, OTC Replace)
RUN DATE/TIME	Date and time report was run

4.3.12 Monthly Card Issuance Summary Report

Purpose:	The Monthly Card Issuance Summary Report shall list the total county cards issued by issuance type for the current month.
Grouping:	County
Sort Sequence:	Issuance Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
COUNTY TOTAL	Total number of cards issued based on issuance type (Mail New, OTC New, Mail Replace, OTC Replace)
ISSUANCE TYPE and COUNT	Method of card issuance OTC (over the counter), mail and New or Replacement card, and the total count by issuance type
TOTAL CARDS	Total number of cards issued
STATEWIDE TOTAL	Total number of cards issued statewide
RUN DATE/TIME	Date and time report was run

4.3.13 Monthly Statused Card Report

Purpose:	The Monthly Statused Card Report shall list Food and Cash Cards that have the following status: card returned, lost, damaged, customer request, host request, other, or stolen.
Grouping:	County
Sort Sequence:	Issuance Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported

PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
OFFICE CODE	Local office code
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
DATE TIME	Date and time that card was reported as lost, damaged, or stolen, etc.
STATUS	Card returned, lost, damaged, customer request, host request, other, or stolen
METHOD	How the card was statused (e.g., administrative application, host-to-host message, batch file, CSR, etc.)
USER ID	The login of the person that statused the card
OFFICE TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen for each county office
COUNTY TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen for the county
STATEWIDE TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen statewide
RUN DATE/TIME	Date and time report was run

4.3.14 Monthly PIN Issuance Detail Report

Purpose:	The PIN Issuance Detail Report shall list details of PIN issuance activities for the current month.
Grouping:	County
Sort Sequence:	Issue date, SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county

ISSUANCE METHOD	Method of PIN issuance (e.g., mail, over-the-counter, ARU, via CSR, etc.)
SUID	State Unique Identifier
CARD NUMBER	Cardholder's new card number
DATE/TIME	Day and time of card issuance
USER ID	User ID of card issuer
COUNTY TOTAL	Total number of cards issued based on the issuance type (Mail New, OTC New, Mail Replace, OTC Replace)
STATEWIDE TOTAL	Total cards issued statewide by the issuance type (Mail New, OTC New, Mail Replace, OTC Replace)
RUN DATE/TIME	Date and time report was run

4.3.15 Monthly PIN Issuance Summary Report

Purpose:	The Monthly PIN Issuance Summary shall list a total county PINS issued by issuance type for the current month.
Grouping:	County
Sort Sequence:	Issuance Type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
PIN SELECT METHOD AND COUNT	The application/method and count used to select a PIN (e.g., PIN select device, mail via host-to-host message, mail via batch file, administrative application, via CSR etc.)
COUNTY TOTAL	Total number of PIN issued for the county
STATEWIDE TOTAL	Total number of cards issued statewide
RUN DATE/TIME	Date and time report was run

4.3.16 Monthly Cardholder Account Reactivation Report

Purpose:	The Monthly Cardholder Account Reactivation Report shall list all food and cash cardholder accounts that have been reactivated via host-to-host interface, demographic batch files or administrative application during the previous

Field	Description
	month.
Grouping:	County
Sort Sequence:	SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or cash
LOGIN	User ID of user who initiated reactivation
ACTION DATE/TIME	Date/time action took place
SUID	State Unique Identifier
CARD NUMBER	Cardholder Card Number
METHOD	Method of reactivation (AA, host-to-host, batch)
ACCOUNT BALANCE	Balance of account at time of reactivation
LAST BENEFIT DEPOSIT DATE	Date last benefit deposited
OFFICE CODE	County local office code
COUNTY TOTAL	Total reactivations for county
STATEWIDE TOTAL	Total reactivations for state

4.3.17 Monthly Benefit Draw Down Totals Report

Field	Description
Purpose:	The Monthly Benefit Draw Down Totals Report shall provide a summary of daily settlement information by county, program and benefit type. This report serves as a roll-up to the prior month's daily reports.
Grouping:	County
Sort Sequence:	Benefit Program, Benefit type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number

REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or cash
BENEFIT TYPE	Type of benefit
SETTLEMENT DATE	Time period being reported
SETTLEMENT TRANSACTION TYPE	Type of settlement transaction, including deposits, debits, credits, non-settling, net amount, prior balance, and current balance
COUNT	Number of transactions for each settling type
AMOUNT	Total dollar amount for each settling type
PROGRAM TOTAL	Summary total of all count and dollar amounts for settling types within program
RUN DATE/TIME	Date and time report was run

4.3.18 Monthly State Issuer Totals Report

Purpose:	The Monthly State Issuer Totals Report shall summarize total transaction counts and amounts for all activities against EBT accounts.
Grouping:	County
Sort Sequence:	Benefit Program, Benefit type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
BENEFIT PROGRAM	Food or Cash
ACTIVITY	Transaction activity being reported on (e.g., adjustments, benefit authorizations, expungements, purchases, repayments, returns, reversals, voids, voucher settlement, withdrawals, and fees)
COUNT	Total number for each activity

AMOUNT	Total amount for each activity
PROGRAM TOTAL	Summary total of all counts and dollar amounts for account types within each program including prior amount balance and current amount balance
RUN DATE/TIME	Date and time report was run

4.3.19 Monthly Administrative Equipment Inventory Report

Purpose:	The Monthly Administrative Equipment Inventory Report shall list, by county, administrative equipment (e.g., card printer, PIN select device, BIO POS device, etc.) installed at county offices. This report shall also include cross county printer contact information.
Grouping:	County
Sort Sequence:	Device type
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY NAME	Name of county
OFFICE ADDRESS	County office name and street address (including suite, floor, etc.)
CONSORTIUM	County's eligibility system
DEVICE TYPE AND COUNT	The type of administrative equipment (e.g., card printer, PIN select device, BIO POS device, etc) and count of each type
DEVICE TYPE ID	Serial or unique identifier for each device
PRINTER ID	Card printer ID
CROSS COUNTY PRINTER CONTACT	Name and information of contact person
LAST UPDATE	Date the information was changed
COUNTY TOTAL	Equipment totals by device for county
STATEWIDE TOTAL	Equipment total by device for the State
RUN DATE/TIME	Date and time report was run

5   eWIC EBT Reports

This section of the Reports Specification presents the daily, weekly, and monthly eWIC EBT reports that will be required. Unless otherwise specified, EBT accounts refer to eWIC EBT accounts and SUID is the eWIC EBT case identifier from the eWIC MIS.

5.1   Daily Reports

5.1.1   Daily Cardholder Adjustment Report

Purpose:	The Daily Cardholder Adjustment Report shall list debit and credit adjustments made to food and cash cardholder accounts.
Grouping:	Local Agency and Benefit Program
Sort Sequence:	SUID and date/time
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
BENEFIT PROGRAM	WIC
DATE TIME	Date and time of adjustment
SUID	State unique identifier
CARD NUMBER	Cardholder card number
ADJUSTMENT TYPE	Type of debit or credit adjustment
LOCAL AGENCY TOTAL	Total adjustments for local agency
TOTAL COUNT	Total number of adjustments
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.1.2   Daily Administrative Actions Summary Report

Purpose:	This Daily Administrative Actions Summary Report shall provide a summary of all user-executed nonfinancial actions made using the administrative application or through the host-to-host interface.
	Local agencies use this report to reconcile activities done

	on the WIC MIS using the host-to-host interface. It also helps them track administrative application use.
Grouping:	Local Agency
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
INTERFACE	Interface type (e.g., host-to-host or administrative application)
LOGIN	User ID
ACTION	Type of administrative action (e.g., account set up, PIN unlock, benefit void, etc.) and count of each action type
TOTAL	Total of all actions performed
LOCAL AGENCY TOTAL	Total administrative actions for the local agency
STATEWIDE TOTAL	Total administrative actions for the state
RUN DATE/TIME	Date and time report was run

5.1.3   Daily Administrative Actions Detail Report

Purpose:	The Daily Administrative Actions Detail Report shall provide the details of all user-executed nonfinancial actions made using the administrative application or through the host-to-host interface. Local agencies will use this report to reconcile activities done on the WIC MIS using the host-to-host interface. It also helps them track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**

REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
LOGIN	User ID
SUID	State unique identifier
CARD NUMBER	Cardholder card number
ACTION	Type of administrative action (e.g., account set up, PIN unlock, benefit void, etc.) and count of each action type
LOCAL AGENCY TOTAL	Total administrative actions for the local agency
STATEWIDE TOTAL	Total administrative actions for the state
RUN DATE/TIME	Date and time report was run

5.1.4   Daily Administrative Transactions Summary Report

Purpose:	The Daily Administrative Transactions Summary Report shall provide the summary information on all user-executed financial actions (e.g., adjustments, benefit issuance) made using the administrative application or through the host-to-host interface.
	Local agencies will use this report to reconcile activities done on the WIC MIS using the host-to-host interface. It also helps them track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
INTERFACE	Interface type (e.g., host-to-host or administrative application)
USER	User ID

ADMIN TRANSACTION	Type of action (e.g., adjustment, benefit issuance, etc.) and count of each action type
TRANSACTION AMOUNT	Amount of admin transactions
TOTAL: COUNT	Total number of all transactions
TOTAL: AMOUNT	Total amount of all transactions
LOCAL AGENCY TOTAL	Total administrative transactions for the local agency
RUN DATE/TIME	Date and time report was run

5.1.5   Daily Administrative Transactions Detail Report

Purpose:	The Daily Administrative Transactions Detail Report shall provide the details of all user-executed financial actions (e.g., adjustments, benefits, and repayments) made using the administrative application or through the host-to-host interface.
	Local agencies use this report to reconcile activities done on the WIC MIS system using the host-to-host interface. It also helps them track administrative application use.
Grouping:	Login and SUID
Sort Sequence:	Interface type (e.g., administrative application or host-to-host) and user login
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
LOGIN	User ID
SUID	State unique identifier
AUTHORIZATION NUMBER	Transaction authorization number
ADJUSTMENT	Amount of adjustment
BENEFIT	Amount of benefit
LOCAL AGENCY TOTAL	Total administrative transactions for the local agency
STATEWIDE TOTAL	Total administrative transactions for the state

RUN DATE/TIME	Date and time report was run

5.1.6   Daily Issuance and Redemptions Report

Purpose:	The Daily Issuance and Redemptions Totals Report shall detail the daily settlement information by local agency, category and subcategory.
Grouping:	Local agency
Sort Sequence:	Category, Subcategory
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CATEGORY	Food category
SUBCATEGORY	Food subcategory
SETTLEMENT TRANSACTION TYPE	Type of settlement transaction, including deposits, debits, credits, non-settling, net amount, prior balance, and current balance
COUNT	Number of transactions for each settling type
AMOUNT	Total dollar amount for each settling type
TOTAL	Summary total of all count and dollar amounts for settling types within program
RUN DATE/TIME	Date and time report was run

5.1.7   Daily Retailer Activity Summary Report

Purpose:	The Daily Retailer Activity Summary Report shall provide a summary of all WIC-authorized retail and farm vendor EBT activity.
Grouping:	None
Sort Sequence:	FNS Number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)

Required Data Elements	
Field	**Description**

REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
PROGRAM	WIC
FNS NUMBER	Retailer Number issued by the FNS
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
RETAILER ADDRESS	Address of the retailer
TRANSACTION	The type of transaction (e.g., purchase, adjustment, void, reversal)
COUNT	Number of transactions for each type
AMOUNT	Total dollar amount for each type
TOTAL COUNT	Total number of transactions
STATEWIDE TOTAL	Total adjustments for the state
RUN DATE/TIME	Date and time report was run

5.1.8   Daily Retailer Adjustment Report

Purpose:	The Daily Retailer Adjustment Report shall identify credit and debit adjustments on a WIC cardholder's account by retailers.
Grouping:	None
Sort Sequence:	FNS Number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
PROGRAM	WIC
FNS NUMBER	Retailer Number issued by the FNS
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
RETAILER ADDRESS	Address of the retailer

DATE TIME	Date and Time of adjustment
SUID	State unique identifier
CLAIM NUMBER	Claim number
CREDIT OR DEBIT	Indicates if adjustment is a credit or debit to the retailer
AMOUNT	Amount of adjustment
TOTAL CREDIT AMOUNT	Total amount of credits
TOTAL DEBIT AMOUNT	Total amount of debits
TOTAL NET AMOUNT	Total of credits minus the total of debits
TOTAL COUNT	Total number of credit and debit adjustments
STATEWIDE TOTAL	Total adjustments for the state
RUN DATE/TIME	Date and time report was run

5.1.9 Daily Retailer Manual Authorizations Report

Purpose:	The Daily Retailer Manual Authorization Report shall list all manual WIC benefit vouchers executed by a retailer.
Grouping:	FNS Number
Sort Sequence:	Auth Date, Voucher Number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
STATUS	Status of manual voucher
AUTH DATE	Date of authorization
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CARD NUMBER	Cardholder card number
SUID	State unique identifier
CREATED BY	Manual Voucher authorized through the AA or the ARU
VOUCHER NUMBER	Number on the voucher
APPROVAL NUMBER	Authorization approval number

CR/DB	Credit or Debit
AUTH AMOUNT	Authorization amount
SETTLE AMOUNT	Settlement amount
CREDIT AMOUNT	Total amount of credits
DEBIT AMOUNT	Total amount of debits
NET AMOUNT	Total of credits minus the total of debits
NEW VOUCHERS	Totals for new vouchers
APPROVED VOUCHERS	Totals for approved vouchers
SETTLED VOUCHERS	Totals for settled vouchers
EXPIRED VOUCHERS	Totals for expired vouchers
TOTAL COUNT	Totals by voucher status
STATEWIDE TOTAL	Totals for the state
RUN DATE/TIME	Date and time report was run

5.1.10 Daily Cardholder Manual Authorizations Report

Purpose:	The Daily Cardholder Manual Authorizations Report shall list all new, settled, approved, and expired manual WIC food benefit vouchers by WIC cardholder.
Grouping:	Local agency and status
Sort Sequence:	Authorization date and FNS Number
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
STATUS	Status of manual authorization
AUTH DATE	Date of authorization
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CARD NUMBER	Cardholder card number

SUID	State unique identifier
CREATED BY	Manual voucher authorized through the Automatic Response Unit (ARU) or Administrative Application (AA)
VOUCHER NUMBER	Number on the voucher
APPROVAL NUMBER	Authorization approval number
CREDIT OR DEBIT	Credit or debit
AUTH AMOUNT	Authorization amount
SETTLE AMOUNT	Settlement amount
CREDIT AMOUNT	Total amount of credits
DEBIT AMOUNT	Total amount of debits
NET AMOUNT	Total of credits minus the total of debits
NEW VOUCHERS	Totals for new vouchers
APPROVED VOUCHERS	Totals for approved vouchers
SETTLED VOUCHERS	Totals for settled vouchers
EXPIRED VOUCHERS	Totals for expired vouchers
TOTAL COUNT FOR <LOCAL AGENCY NAME>	Totals for the each local agency by voucher status
TOTAL COUNT FOR STATEWIDE	Totals for the state
RUN DATE/TIME	Date and time report was run

5.1.11 Daily Pending Benefits Report

Purpose:	The Daily Pending Benefits Report shall provide a summary of benefits that have not yet reached their availability date.
Grouping:	Local agency
Sort Sequence:	Availability Date, Category, Subcategory
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
BENEFIT PROGRAM	WIC

AVAILABLE DATE	Benefit availability date
CATEGORY	Food category
SUBCATEGORY	Food subcategory
TOTALS FOR CATEGORY	Total pending count and amount by food category
TOTALS FOR SUBCATEGORY	Total pending count and amount by food subcategory
LOCAL AGENCY TOTAL	Total pending benefits for the local agency
STATEWIDE TOTAL	Total pending benefits for the state
RUN DATE/TIME	Date and time report was run

5.1.12 Daily Expired Benefits Report

Purpose:	The Daily Expired Benefits Report shall provide a summary of benefits, by category and subcategory that were not used by the WIC cardholder and therefore expired.
Grouping:	Local Agency
Sort Sequence:	Category, Subcategory
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CATEGORY	Food category
SUBCATEGORY	Food subcategory
AMOUNT	Amount of benefits
TOTALS	Total expired count and amount of benefits by date
TOTALS FOR CATEGORY	Total expired count and amount by food category
TOTALS FOR SUBCATEGORY	Total expired count and amount by food subcategory
LOCAL AGENCY TOTAL	Total expired benefits for the local agency
STATEWIDE TOTAL	Total expired benefits for the state
RUN DATE/TIME	Date and time report was run

5.1.13 Daily Outstanding Balance of Unused Benefits Report

Purpose:	The Daily Outstanding Balance of Unused Benefits Report shall provide a summary of benefits, by category and subcategory that remain unused but have not yet expired.
Grouping:	Local agency
Sort Sequence:	Category, Subcategory
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CATEGORY	Food category
SUBCATEGORY	Food subcategory
AMOUNT	Amount of benefits
TOTALS	Total unused benefit count and amount of benefits by date
TOTALS FOR CATEGORY	Total unused count and amount by food category
TOTALS FOR SUBCATEGORY	Total unused count and amount by food subcategory
PROGRAM TOTAL	Total pending count and amount of benefits
LOCAL AGENCY TOTAL	Total pending benefits for the local agency
STATEWIDE TOTAL	Total pending benefits for the state
RUN DATE/TIME	Date and time report was run

5.1.14 Daily State Issuer Totals Report

Purpose:	The Daily State Issuer Totals Report shall summarize total transaction count and amount for all activities against EBT accounts.
Grouping:	Local Agency
Sort Sequence:	Activity
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
ACTIVITY	Activity being reported on (e.g., adjustments, benefit authorizations, purchases, reversals, voids, voucher settlement)
COUNT	Total number for each activity
AMOUNT	Total amount for each activity
TOTAL	Summary total of all count and dollar amounts for account types within each program including prior amount balance and current amount balance
NET AMOUNT	The difference between the current and prior amount balance
PRIOR BALANCE	The prior balance for the account type
CURRENT BALANCE	The current balance for the account type
RUN DATE/TIME	Date and time report was run

5.1.15 Daily ACH Settlement to Stand Alone/Beside Retailer Report

Purpose:	The Daily ACH Settlement to Stand Alone/Beside Retailer Report shall identify the daily settlement amount for each retailer using stand alone/beside equipment.
Grouping:	FNS Number
Sort Sequence:	NA
Time Period:	One settlement day (3:00 p.m. PT to 2:59 p.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
SETTLEMENT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
COUNT	Total number of transactions
AMOUNT	Total amount of transactions
RUN DATE/TIME	Date and time report was run

5.1.16 Daily Response Times Report

Purpose:	The Average Daily Response Times report shall list the number of transactions within the response time intervals, (less than1 second through more than 3 seconds). This report lists the average response time and the total transactions for the day.
Grouping:	NA
Sort Sequence:	Response time
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
TRANSACTION DATE	Date of transactions during the reported month

2 SEC OR LESS	Number of transactions responding in 2 seconds or less
BETWEEN 2 & 3 SECS	Number of transactions responding between 2 and 3 seconds
BETWEEN 3 & 4 SECS	Number of transactions responding between 3 and 4 seconds
BETWEEN 4 & 5 SECS	Number of transactions responding between 4 and 5 seconds
MORE THAN 5 SECS	Number of transactions responding in more than 5 seconds
AVERAGE RESPONSE TIME	Average transaction response time
TOTAL TRANS	Total number of transactions processed each day
RUN DATE/TIME	Date and time report was run

5.2   Weekly Reports

Weekly reports reflect the activity of the previous week.

5.2.1   Weekly Retailer Status

Purpose:	This report shall list detailed information on retailers participating in eWIC EBT. The report helps staff monitor retailer authorization status and each retailer's operational configuration.
Grouping:	NA
Sort Sequence:	FNS Number
Time Period:	One week (seven [7] days)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
PROCESSOR ID	Processor ID
SITE NAME	Name of retailer
ADDRESS	Address of retailer
ADDRESS 2	Additional address information for retailer
CITY	City of retailer

ZIP CODE	ZIP code of retailer
PHONE 1	Retailer telephone number
PHONE 2	Alternate retailer telephone number
EBT TYPE	Benefits accepted at EBT POS equipment
RETAILER STATUS	Enrolled or de-authorized
LAST UPDATE	Date of most recent update in the EBT system
REDE AUTH DATE	Date of REDE authorization or withdrawal
AGREEMENT REC DATE	Date signed Retailer Agreement was received
TERMINAL TYPE	Type of POS device
INSTALL DATE	Date of POS equipment installation
TERMINAL TYPE DESC	EBT-only or through a processor (or undetermined)
TERMINAL QTY	Number of EBT-only POS devices
TPP NAME	Name of third-party processor

5.2.2   Weekly Card Destruction Report

Purpose:	The Weekly Card Destruction Report shall list WIC Cards that have been returned to the EBT Contractor as undeliverable and destroyed or retrieved from the State EBT post office box and then destroyed during the reporting period.
Grouping:	Local agency
Sort Sequence:	SUID and Card number
Time Period:	One (1) calendar day (12:01 a.m. PT to 12:00 a.m. PT)
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SUID	State unique identifier
CARD NUMBER	Cardholder card number
LOCAL AGENCY TOTAL	Total number of destroyed cards by local agency
STATEWIDE TOTAL	Total number of destroyed cards for the state
RUN DATE/TIME	Date and time report was run

5.3   Monthly Reports

Monthly reports reflect the activity of the previous month.

5.3.1   Monthly Retailer Activity Report

Purpose:	The Monthly Retailer Activity Report shall list by local agency, the food benefit debit and credit activity for retailers.
Grouping:	FNS Number
Sort Sequence:	Date
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	City of retailer
CREDIT COUNT	Number of cardholder credits
CREDIT AMOUNT	Amount of cardholder credits
DEBIT COUNT	Number of cardholder debits
DEBIT AMOUNT	Amount of cardholder debits
STATEWIDE TOTAL	Total credit count, credit amount, debit count, debit amount and totals for statewide, credit, debit, net, and count.
RUN DATE/TIME	Date and time report was run

5.3.2   Monthly Out-of-State POS Usage Report

Purpose:	The Monthly Out-of-State POS Usage Report shall list detailed information on all California EBT transactions conducted at POS devices located outside the State of California.
Grouping:	Local agency
Sort Sequence:	SUID
Time Period:	One (1) calendar month

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
RETAILER NAME	Name of retailer
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
TERMINAL ID	Identifying POS device number at the out-of-state retailer
ADDRESS	Address of POS device
CITY	City of POS device
STATE	State of POS device
COUNT	Number of transactions for a cardholder at each out-of-state retailer
AMOUNT	Amount of transaction at each out-of-state retailer
RUN DATE/TIME	Date and time report was run

5.3.3 Monthly Average Daily Response Times Report

Purpose:	The Monthly Average Daily Response Times report shall list the number of transactions within the response time intervals, (less than1 second through more than 5 seconds). This report lists the average response time and the total transactions on that day.
Grouping:	NA
Sort Sequence:	Response time
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report

TRANSACTION DATE	Date of transactions during the reported month
2 SEC OR LESS	Number of transactions responding in 2 second or less
BETWEEN 2 & 3 SECS	Number of transactions responding between 2 and 3 seconds
BETWEEN 3 & 4 SECS	Number of transactions responding between 3 and 4 seconds
BETWEEN 4 & 5 SECS	Number of transactions responding between 4 and 5 seconds
MORE THAN 5 SECS	Number of transactions responding in more than 4 seconds
AVERAGE RESPONSE TIME	Average transaction response time
TOTAL TRANS	Total number of transactions processed each day
RUN DATE/TIME	Date and time report was run

5.3.4   Monthly Application User Report

Purpose:	The Monthly Application User Report shall list, for each EBT system component (administrative application, data warehouse, etc.) user information for each application that requires a user identifier (ID), including status (active, pending deletion, reactivated, etc.).
Grouping:	Local Agency
Sort Sequence:	Application, Login
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
APPLICATION	Name or type of EBT system component
LOGIN	User ID
NAME	User first and last name
STATUS	Account status (e.g., active, pending deletion, deleted, inactive, reactivated)
LAST LOGIN	Date of user's last login

DELETION DATE	Planned deletion date for the identified user
USER ROLE	User role type such as Administrative Support Supervisor, etc.
LOCAL AGENCY TOTAL	Total number of enabled and disabled users
STATEWIDE TOTAL	Total number of enabled and disabled users
RUN DATE/TIME	Date and time report was run

5.3.5   Monthly Card Issuance Summary Report

Purpose:	The Monthly Card Issuance Summary shall list the total number of WIC cards issued by local agencies out of the MIS and sent to the EBT system. This report can be used to reconcile card issuance activities.
Grouping:	Local Agency
Sort Sequence:	Issuance Source
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
ISSUANCE SOURCE and COUNT	The system from which the new or replacement card was issued (e.g., WIC MIS or administrative application) and count for each
TOTAL CARDS	Total number of cards issued
STATEWIDE TOTAL	Total number of cards issued statewide
RUN DATE/TIME	Date and time report was run

5.3.6   Monthly Statused Card Report

Purpose:	The Monthly Statused Card Report shall list WIC Cards that have the following status: card returned, lost, damaged, customer request, host request, other, or stolen.
Grouping:	Local Agency
Sort Sequence:	Method, Status
Time Period:	One (1) calendar month
Required Data Elements	

Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
DATE TIME	Date and time that card was reported as lost, damaged, or stolen, etc.
STATUS	Card returned, lost, damaged, customer request, host request, other, or stolen
METHOD	How the card was statused (e.g., administrative application, host-to-host message, batch file, CSR, etc.)
USER ID	The login of the person that statused the card
OFFICE TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen for each local agency office
LOCAL AGENCY TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen for the local agency
STATEWIDE TOTAL	Total number of cards statused as returned, customer request, damaged, host request, lost, other, or stolen statewide
RUN DATE/TIME	Date and time report was run

5.3.7 Monthly PIN Issuance Summary Report

Purpose:	The Monthly PIN Issuance Summary shall list, by local agency, the total PINS issued by issuance type for the current month.
Grouping:	Local Agency
Sort Sequence:	PIN Select Method
Time Period:	One (1) calendar month
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported

PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
PIN SELECT METHOD AND COUNT	The application/method and count used to select a PIN (e.g., PIN select device, mail via host-to-host message, mail via batch file, administrative application, via CSR etc.)
LOCAL AGENCY TOTAL	Total number of PIN issued for the local agency
STATEWIDE TOTAL	Total number of cards issued statewide
RUN DATE/TIME	Date and time report was run

5.3.8　Monthly Issuance and Redemptions Report

Purpose:	The Monthly Issuance and Redemptions Report shall provide a summary of daily settlement information by local agency, program and benefit type. This report serves as a roll-up to the prior month's daily reports.
Grouping:	Local agency
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SETTLEMENT DATE	Time period being reported
CATEGORY	Food category
SUBCATEGORY	Food subcategory
SETTLEMENT TRANSACTION TYPE	Type of settlement transaction, including deposits, debits, credits, non-settling, net amount, prior balance, and current balance
COUNT	Number of transactions for each settling type
AMOUNT	Total dollar amount for each settling type
RUN DATE/TIME	Date and time report was run

5.3.9 Monthly State Issuer Totals Report

Purpose:	The Monthly State Issuer Totals Report shall summarize total transaction count and amount for all activities against EBT accounts.
Grouping:	Local Agency
Sort Sequence:	Activity
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
ACTIVITY	Activity being reported on (e.g., adjustments, benefit authorizations, purchases, reversals, voids, voucher settlement)
COUNT	Total number for each activity
AMOUNT	Total amount for each activity
RUN DATE/TIME	Date and time report was run

5.3.10 Monthly Expired Benefits Report

Purpose:	The Monthly Expired Benefits Report shall provide a summary of benefits, by category and subcategory that were not used by the WIC cardholder and therefore expired.
Grouping:	Local agency
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency

CATEGORY	Food category
SUBCATEGORY	Food subcategory
AMOUNT	Amount of benefits
TOTALS FOR CATEGORY	Total expired count and amount by food category
TOTALS FOR SUBCATEGORY	Total expired count and amount by food subcategory
LOCAL AGENCY TOTAL	Total expired benefits for the local agency
STATEWIDE TOTAL	Total expired benefits for the state
RUN DATE/TIME	Date and time report was run

5.3.11 Monthly Not-to-Exceed Report

Purpose:	The Monthly Not-to-Exceed (NTE) Report shall list transactions when the purchase/shelf price reported for redeemed WIC food items exceeded the Not To Exceed (NTE) price established by the State.
Grouping:	FNS Number
Sort Sequence:	NA
Time Period:	One (1) calendar month
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
CATEGORY	Food category
SUBCATEGORY	Food subcategory
TRANSACTION	The type of transaction (e.g., purchase)
AMOUNT	Total dollar amount for each purchase
NTE PRICE	The Not-to-Exceed price of the item
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.12 Monthly Retailer Peer Group Max Price and Average Paid Price Report

Purpose:	The Monthly Retailer Peer Group Max Price and Average Paid Price Report shall list, by retailer peer group, the average and maximum paid price for each food category and subcategory.
Grouping:	Peer Group
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
PEER GROUP	The type of retailer as defined by California WIC
CATEGORY	Food category
SUBCATEGORY	Food subcategory
AVERAGE PRICE	The average price paid for a given food category/subcategory
MAX PRICE	The maximum price paid for a given food category subcategory
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.13 Monthly WIC Family Utilization Report

Purpose:	The Monthly WIC Family Utilization Report shall list, by local agency, the utilization of benefits at the food category and subcategory level.
Grouping:	Local Agency
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report

LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CATEGORY	Food category
SUBCATEGORY	Food subcategory
UNITS	The number of units utilized
LOCAL AGENCY TOTAL	Total units for the local agency
STATEWIDE TOTAL	Total units for the state
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.14 Monthly WIC Rebate Analysis Report

Purpose:	The Monthly WIC Rebate Analysis Report shall list, by local agency, those food items where an available rebate was redeemed.
Grouping:	Local Agency
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CATEGORY	Food category
SUBCATEGORY	Food subcategory
UNITS PURCHASED	The total number of units purchased for the food category
AMOUNT REBATED	The amount rebated
STATEWIDE TOTALS	Total units purchased and amount rebated for the state
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.15 Monthly Stand Alone/Beside Retailer Utilization Report

Purpose:	The Monthly Stand Alone/Beside Retailer Utilization Report shall detail the number, type and value of transactions performed by retailers using stand alone/beside equipment.
Grouping:	FNS Number
Sort Sequence:	Activity
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	City of retailer
TRANSACTION	Type of transaction
COUNT	Number of transactions
AMOUNT	Amount of transactions
RETAILER TOTAL	Total credits, debits, net amount, total count
STATEWIDE TOTAL	Total credit count, credit amount, debit count, debit amount and totals for statewide, credit, debit, net, and count.
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.16 Monthly Food Category Unit and Value Report

Purpose:	The Monthly Food Category Unit and Value Report shall list, by food category, the total number of units sold and the aggregate dollar value of those units.
Grouping:	Local agency
Sort Sequence:	Category, Subcategory
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number

REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of the local agency where the retailer is located
CATEGORY	Food category
SUBCATEGORY	Food subcategory
UNITS PURCHASED	The total number of units purchased for the food category
AMOUNT	The total value of the units purchased
LOCAL AGENCY TOTAL	Total units and amount for the local agency
STATEWIDE TOTAL	Total units and amount for the state
RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.17 Monthly 90-100 Percent of NTE Report

Purpose:	The Monthly 90-100 Percent of NTE Report shall list, by food category, the retailers that charge within 90-100 percent of the NTE.
Grouping:	Category
Sort Sequence:	Subcategory, FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
CATEGORY	Food category
SUBCATEGORY	Food subcategory
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	City of retailer
NTE	The current NTE
PRICE	The price charged by the retailer
PERCENT	Percentage of price to NTE

RUN DATE/TIME	Date and time report was run
Additional fields and description to be defined during design.	

5.3.18 Monthly WIC Benefit Redemption Report

Purpose:	The Monthly WIC Benefit Redemption Report shall list, by local agency and retailer, benefit redemption by food category, subcategory, UPC and PLU.
Grouping:	Local agency
Sort Sequence:	FNS Number, Category
Time Period:	One (1) calendar month
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of the local agency where the retailer is located
CATEGORY	Food category and units purchased
SUBCATEGORY	Subcategory and units purchased
UPC	UPC and units purchased
PLU	PLU and units purchased
AMOUNT	Value of the units purchased
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	City of retailer
Additional fields and description to be defined during design.	

6   Fraud Reports

Fraud reports are divided into two (2) main categories:

- Food and cash fraud reports
- WIC fraud reports

All fraud reports are generated on a monthly basis.

6.1   Food and Cash Fraud Reports

6.1.1   Monthly ATM Activity Report

Purpose:	The Monthly ATM Activity Report shall list summarized information on EBT cash transactions performed at ATMs in the State.
Grouping:	County, City
Sort Sequence:	ATM Name, Address
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on ATM location
ATM NAME	Name of ATM provider/owner, retailer or bank
ADDRESS	Address of ATM
TERMINAL ID	Terminal identifier
WITHDRAWAL COUNT	Total number of withdrawals performed at the ATM
WITHDRAWAL AMOUNT	Total amount of withdrawals performed at the ATM
WITHDRAWALAVERAGE	Average amount of all withdrawals performed at the ATM
SURCHARGE COUNT	Total count of surcharges based on the withdrawals at the ATM
SURCHARGE AMOUNT	Total amount of surcharges based on the withdrawals at the ATM
SURCHARGE AVERAGE	Average amount of all surcharges at the ATM

CITY TOTAL	Total ATM withdrawals count, average, and amount, surcharge count, amount, and average for the ATMS in the city
COUNTY TOTAL	Total ATM withdrawals count, average and amount, surcharge count, amount, and average for the county's cardholders
STATEWIDE TOTAL	Total ATM withdrawals count, average and amount, surcharge count, amount, and average for the cardholders statewide
RUN DATE/TIME	Date and time report was run

6.1.2   Monthly Even Dollar Transaction Summary Report

Purpose:	The Monthly Even Dollar Transaction Summary Report shall provide summary information on even dollar food benefit transactions.
Grouping:	Cardholder County, State, City
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Retailer city
STATE	Retailer state
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
TERMINAL ID	Terminal ID
APPROVED PURCHASE COUNT	Approved purchase transaction count
APPROVED PURCHASE AMOUNT	Approved total purchase transaction amount
REJECTED PURCHASE COUNT	Rejected purchase transaction count
REJECTED PURCHASE	Rejected total purchase transaction amount

AMOUNT	
APPROVED RETURN COUNT	Approved return transaction count
APPROVED RETURN AMOUNT	Approved total return transaction amount
RJECTED RETURN COUNT	Rejected return transaction count
REJECTED RETURN AMOUNT	Rejected total return transaction amount
COUNTY TOTAL	Total for county
STATEWIDE TOTAL	Total for state
RUN DATE/TIME	Date and time report was run

6.1.3   Monthly Even Dollar Transactions Over $200 Report

Purpose:	The Monthly Even Dollar Transaction Over $200 Report shall list details on all even dollar food benefit transactions equal to or over $200.
Grouping:	Cardholder County, State, City
Sort Sequence:	FNS Number and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
STATE	Retailer state
FNS NUMBER	Retailer FNS number
SUID	State Unique Identifier
LAST NAME	Cardholder's last name
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Name of retailer
TERMINAL ID	POS device identification number

TRANSACTION TYPE	Type of transaction (e.g., purchase or return)
APPROVED	Yes or No
AMOUNT	Amount of transaction
RUN DATE/TIME	Date and time report was run

6.1.4   Monthly Exceeded PIN Attempts Report

Purpose:	The Monthly Exceeded PIN Attempts Report shall list food and cash cardholders who have exceeded the allowable number of PIN attempts.
Grouping:	County, Office Code
Sort Sequence:	SUID, Date/Time
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
OFFICE CODE	Local office code
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
DATE/TIME	Date and time of the exceeded PIN attempt
OFFICE CODE TOTAL	Total number of exceeded PIN attempts for each county office
COUNTY TOTAL	Total number of exceeded PIN attempts for the county
STATEWIDE TOTAL	Total number of exceeded PIN attempts for the state
RUN DATE/TIME	Date and time report was run

6.1.5   Monthly Excessive Card Replacements Report

Purpose:	The Monthly Excessive Card Replacements Report shall list number of excessive card replacements. "Excessive" will be defined by the State during design.
Grouping:	County, Office Code
Sort Sequence:	SUID
Time Period:	One (1) calendar month

Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
OFFICE CODE	Local office code
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
LOGIN	Office worker user ID
DATE/TIME	Date and time of excessive card replacements
OFFICE TOTAL	Number of excessive card replacements for each county office
COUNTY TOTAL	Number of excessive card replacements for the county
STATEWIDE TOTAL	Number of excessive card replacements for the state
RUN DATE/TIME	Date and time report was run

6.1.6   Monthly Large Dollar Transactions Report

Purpose:	The Monthly Large Dollar Transactions Report shall list large food benefit transactions. A "large" dollar transaction will be defined by the State during design.
Grouping:	County
Sort Sequence:	City, FNS Number, and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number

SUID	State Unique Identifier
LAST NAME	Cardholder's last name
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Name of retailer
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return) Returns are currently limited to $250 and do not appear in the current version of this report. The State will reconsider this during design.
APPROVED	Yes or No
AMOUNT	Amount of transaction
TOTALS FOR <FNS NUMBER>	Total food benefit purchases, purchase amount, food benefit returns, return amount for transactions over $300 for the FNS number
TOTALS FOR <CITY>	Total food benefit purchases, purchase amount, food benefit returns, return amount for transactions over $300 for the city
COUNTY TOTAL	Total purchases and purchase amounts for the county
STATEWIDE TOTAL	Total purchases and purchase amounts for the state
RUN DATE/TIME	Date and time report was run

6.1.7   Monthly Manually Keyed Food Transactions Report

Purpose:	The Monthly Manually Keyed Food Transactions Report shall provide information on manually keyed food benefit transactions for each county. This report shall include information for SNAP transactions only and shall not include rejected transactions.
Grouping:	County
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code

COUNTY NAME	Name of county
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
CITY	Name of city based on retailer location
SWIPED COUNT	Number of transactions in which the Food and Cash Card was swiped through a POS device
SWIPED AMOUNT	Total dollar amount of the transactions in which the Food and Cash Card was swiped through a POS device
KEYED COUNT	Number of transactions in which the Food and Cash Card number was keyed into the POS device
KEYED AMOUNT	Total dollar amount of the transactions in which the Food and Cash Card number was keyed into the POS device
COUNTY TOTAL	Total swiped count, swiped amount, keyed count, and keyed amount for the county
STATEWIDE TOTAL	Total swiped count, swiped amount, keyed count, and keyed amount for the state
RUN DATE/TIME	Date and time report was run

6.1.8 Monthly Manual Voucher Retailer Transactions Report

Purpose:	The Monthly Manual Retailer Transactions Report shall list transactions processed by retailers using manual vouchers.
Grouping:	County, Office Code
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
OFFICE CODE	Local office code
FNS NUMBER	Retailer FNS number
RETAILER NAME	Retailer name
COUNT	Number of manual transactions at the retailer
AMOUNT	Total amount of manual transactions at the retailer

AVERAGE	Average manual voucher transaction amount at the retailer
OFFICE TOTAL	Totals for the manual voucher transactions for each county office
COUNTY TOTAL	Totals for the manual voucher transactions for the county. The average for this calculation is based on the total count and total amount for the entire county.
STATEWIDE TOTAL	Totals for the manual voucher transactions for the state. The average for this calculation is based on the total count and total amount for the entire state.
RUN DATE/TIME	Date and time report was run

6.1.9   Monthly Multiple Cardholder Transactions on the Same Day Report

Purpose:	The Monthly Multiple Cardholder Transactions on the Same Day shall list details on multiple food benefit transactions conducted by the same food and cash cardholder on the same day. "Multiple" will be defined by the State during design.
Grouping:	Cardholder County, City
Sort Sequence:	FNS Number and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	Description
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
RETAILER NAME	Name of retailer
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return) Returns are currently limited to $250 and do not appear in the current version of this report. The State will reconsider

	this during design.
APPROVED	Yes or No
AMOUNT	Amount of transaction
FNS NO. TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each FNS number
CITY TOTALS	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each city
COUNTY TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each county
STATEWIDE TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for the state
RUN DATE/TIME	Date and time report was run

6.1.10 Monthly Rapid or Repeated Transactions Report

Purpose:	The Monthly Rapid or Repeated Transactions Report shall list the details of rapid transactions processed for amount equal to or greater a defined amount within a one-hour time period at the same retailer. The number that constitutes "rapid" or repeated transactions will be defined during design. The "defined amount" will be defined during design.
Grouping:	County
Sort Sequence:	City, FNS Number and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Retailer name

TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return)
APPROVED	Yes or No
AMOUNT	Amount of each transaction
FNS NO. TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each FNS number
CITY TOTALS	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each city
COUNTY TOTAL	Total purchases, purchase amount, returns, and return amount for the county
STATEWIDE TOTAL	Total purchases, purchase amount, returns, and return amount for the state
RUN DATE/TIME	Date and time report was run

6.1.11 Monthly Redemption of Entire Benefit in One Transaction Report

Purpose:	The Monthly Redemption of Entire Benefit in One Transaction Report shall list cases in which the entire food benefit was debited in a single transaction. The current food benefit amount is equal to or greater than $150.00 and the remaining balance is zero. The dollar amount for the entire food benefit will be defined during design.
Grouping:	County
Sort Sequence:	City, FNS Number and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction

RETAILER NAME	Retailer name
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return)
APPROVED	Yes or No
AMOUNT	Amount of each transaction
FNS NO. TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each FNS number
CITY TOTALS	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each city
COUNTY TOTAL	Total purchases, purchase amount, returns, and return amount for the county
STATEWIDE TOTAL	Total purchases, purchase amount, returns, and return amount for the state
RUN DATE/TIME	Date and time report was run

6.1.12 Monthly Transaction Denial Analysis Summary Report

Purpose:	The Monthly Transaction Denial Analysis Summary Report shall provide summary information on denied ATM and POS transactions.
Grouping:	County
Sort Sequence:	City, Retailer Name, Device Type, Transaction Response
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Retailer/ATM city
STATE	Retailer/ATM state
RETAILER NAME	Name of retailer, ATM owner or bank
DEVICE TYPE	POS or ATM
TRANSACTION RESPONSE	Transaction response description
TRANSACTION	Transaction response count

RESPONSE COUNT	
COUNTY TOTAL	Total for county for each transaction response by device type
STATEWIDE TOTAL	Total for State for each transaction response by device type
RUN DATE/TIME	Date and time report was run

6.1.13 Monthly Excessive Returns Transaction Report

Purpose:	The Monthly Excessive Returns Transaction Report shall list cases with more than one food benefit return transaction for a defined dollar amount. The current report represents food benefit return transactions equal to or greater than $50 The number of transactions and return dollar amount will be determined during design.
Grouping:	County
Sort Sequence:	SUID, City, FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
COUNTY CODE	County code
COUNTY NAME	Name of county
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Retailer name
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return)
APPROVED	Yes or No
AMOUNT	Amount of each transaction
FNS NO. TOTAL	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each FNS number

CITY TOTALS	Total food benefit purchases, purchase amount, food benefit returns, and return amount for each city
TOTAL RETURNS	Total number of excessive returns
TOTAL RETURN AMOUNT	Total amount of excessive returns
COUNTY TOTAL	Total purchases, purchase amount, returns, and return amount for the county
STATEWIDE TOTAL	Total purchases, purchase amount, returns, and return amount for the state
RUN DATE/TIME	Date and time report was run

6.2　WIC Fraud Reports

6.2.1　Monthly Exceeded PIN Attempts Report

Purpose:	The Monthly Exceeded PIN Attempts Report shall list WIC cardholders who have exceeded the allowable number of PIN attempts.
Grouping:	Local agency
Sort Sequence:	SUID, Date/Time
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SUID	State Unique Identifier
CARD NUMBER	Cardholder card number
DATE/TIME	Date and time of the exceeded PIN attempt
LOCAL AGENCY TOTAL	Total number of exceeded PIN attempts for the local agency
STATEWIDE TOTAL	Total number of exceeded PIN attempts for the state
RUN DATE/TIME	Date and time report was run

6.2.2　Monthly Manually Keyed WIC Transactions Report

Purpose:	The Monthly Manually Keyed WIC Transactions Report shall provide information on manually keyed food benefit transactions for each local agency. This report shall include information for WIC transactions only and shall not include rejected transactions.
Grouping:	Local agency
Sort Sequence:	FNS Number
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
CITY	Name of city based on retailer location
SWIPED COUNT	Number of transactions in which the WIC Card was swiped through a POS device
SWIPED AMOUNT	Total dollar amount of the transactions in which the WIC Card was swiped through a POS device
KEYED COUNT	Number of transactions in which the WIC Card number was keyed into the POS device
KEYED AMOUNT	Total dollar amount of the transactions in which the WIC Card number was keyed into the POS device
STATEWIDE TOTAL	Total swiped count, swiped amount, keyed count, and keyed amount for the state
RUN DATE/TIME	Date and time report was run

6.2.3　Monthly Manual Voucher Retailer Transactions Report

Purpose:	The Monthly Manual Retailer Transactions Report shall list transactions processed by retailers using manual vouchers.
Grouping:	FNS Number
Sort Sequence:	NA
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Retailer name
COUNT	Number of manual transactions at the retailer
AMOUNT	Total amount of manual transactions at the retailer
AVERAGE	Average manual voucher transaction amount at the retailer
STATEWIDE TOTAL	Totals for the manual voucher transactions for the state. The average for this calculation is based on the total count and total amount for the entire state.
RUN DATE/TIME	Date and time report was run

6.2.4　Monthly Multiple Cardholder Transactions on the Same Day Report

Purpose:	The Monthly Multiple Cardholder Transactions on the Same Day shall list details on multiple transactions conducted by the same WIC cardholder on the same day. "Multiple" is currently determined to be five (5) but this will be verified by the State during design.
Grouping:	Local Agency
Sort Sequence:	SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported

PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
RETAILER NAME	Name of retailer
DATE/TIME	Date and time of each transaction
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase)
APPROVED	Yes or No
AMOUNT	Amount of transaction
FNS NO. TOTAL	Total purchases and purchase amount for each FNS number
CITY TOTALS	Total purchases and purchase amount for each city
STATEWIDE TOTAL	Total purchases and purchase amount for the state
RUN DATE/TIME	Date and time report was run

6.2.5 Monthly Rapid or Repeated Transactions Report

Purpose:	The Monthly Rapid or Repeated Transactions Report shall list the details of rapid transactions processed for amount equal to or greater a defined amount within a one-hour time period at the same retailer.
	The number that constitutes "rapid" or repeated transactions will be defined during design.
	The "defined amount" will be defined during design.
Grouping:	FNS Number
Sort Sequence:	City, SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported

PAGE	Page number of report
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number
WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Retailer name
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase)
APPROVED	Yes or No
AMOUNT	Amount of each transaction
FNS NO. TOTAL	Total purchases and purchase amount for each FNS number
CITY TOTALS	Total purchases and purchase amount for each city
STATEWIDE TOTAL	Total purchases and purchase amount for the state
RUN DATE/TIME	Date and time report was run

6.2.6   Monthly Redemption of Entire Benefit in One Transaction Report

Purpose:	The Monthly Redemption of Entire Benefit in One Transaction Report shall list cases in which the entire benefit was debited in a single transaction.
Grouping:	Local Agency
Sort Sequence:	City, FNS Number and SUID
Time Period:	One (1) calendar month
Required Data Elements	
Field	**Description**
REPORT CODE	Report specification report number
REPORT DATE	Time period being reported
PAGE	Page number of report
LOCAL AGENCY CODE	Local agency code
LOCAL AGENCY NAME	Name of local agency
CITY	Name of city based on retailer location
FNS NUMBER	Retailer FNS number

WIC VENDOR NUMBER	The retailer number issued by California WIC
PEER GROUP	The type of retailer as defined by California WIC
SUID	State Unique Identifier
CARD NUMBER	Cardholder's card number
DATE/TIME	Date and time of each transaction
RETAILER NAME	Retailer name
TERMINAL	POS device identification number
TRANSACTION TYPE	Type of transaction (e.g., purchase or return)
APPROVED	Yes or No
AMOUNT	Amount of each transaction
FNS NO. TOTAL	Total purchases and purchase amount for each FNS number
CITY TOTALS	Total purchases and purchase amount for each city
LOCAL AGENCY TOTAL	Total purchases and purchase amount for each local agency
STATEWIDE TOTAL	Total purchases and purchase amount for the state
RUN DATE/TIME	Date and time report was run